

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: SPA #03-22	2. STATE Kansas
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2003	
5. TYPE OF PLAN MATERIAL <i>(Check One)</i> : <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT <i>(Separate Transmittal for each amendment)</i>			
6. FEDERAL STATUTE/REGULATION CITATION: 1928 of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2003 \$ 0 b. FFY 2004 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Preprint page 66(b)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : Preprint page 66(b)	
10. SUBJECT OF AMENDMENT: Vaccines			
11. GOVERNOR'S REVIEW <i>(Check One)</i> : <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Janet Schalansky is the Governor's <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Designee			
12. SIGNATURE OF STATE AGENCY OFFICIAL: //Janet Schalansky – signature//		16. RETURN TO: Janet Schalansky, Secretary Social & Rehabilitation Services Docking State Office Building 915 SW Harrison, Room 651S Topeka, KS 66612-2210	
13. TYPED NAME: Janet Schalansky			
14. TITLE: Secretary of Social & Rehabilitation Services			
15. DATE SUBMITTED: June 20, 2003			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 18, 2003		18. DATE APPROVED: December 23, 2003	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2003		20. SIGNATURE OF REGIONAL OFFICIAL: // Thomas W. Lenz- signature//	
21. TYPED NAME: Thomas W. Lenz		22. TITLE: ARA for Division of Medicaid and Children's Health	
23. REMARKS:			

66(b)

Revision: HCFA-PM-94-8 (MB)
OCTOBER 1997

State/Territory: Kansas

Citation

4.19 (m) Medicaid Reimbursement for Administration of Vaccines
under the Pediatric Immunization Program

- 1928(c)(2) (i) A provider may impose a charge for the administration of
a qualified pediatric vaccine as stated in 1928(c)(2)(C)(ii)
of the Act.
- (ii) The State pays the following rate for the administration of a
vaccine:

\$10.00